

2 Becoming a Medicaid Provider

EDS is responsible for enrolling providers in the Medicaid program and for maintaining provider information in the Alabama Medicaid Management Information System (AMMIS, usually referred to as the 'system' in this manual). Based on enrollment criteria defined by Medicaid, EDS receives and reviews all applications. Each application is approved, returned, or denied within five business days of receipt.

Most readers of this manual will be current Alabama Medicaid providers who have already completed the enrollment process; however, this chapter briefly discusses how to request an application, where to send a completed application, and how to track the progress of an application. Refer to Chapter 7, Understanding Your Rights and Responsibilities as a Provider, for a description of how to notify EDS of changes to provider enrollment information.

Only physicians who are fully licensed and possess a current license to practice medicine may enroll to become an Alabama Medicaid Provider.

Physicians who are participating in a Residency Training program may enroll and receive a pseudo Medicaid license number that must be used on prescriptions issued to Medicaid recipients.

Physicians participating in an approved Residency Training program may not bill for services performed as part of the Residency Training program.

Supervising physicians may bill for services rendered to Medicaid recipients by residents who are rendering services as part of (through) the Residency Training program. See Chapter 28 for more information.

2.1 Requesting and Receiving an Application

A provider of medical services (including an out-of-state provider) who wants to be eligible for Medicaid reimbursement must complete the required Medicaid provider enrollment application and enter into a written provider agreement with the Alabama Medicaid Agency. If a provider has more than one location, each location receives an individual provider number. If a group consists of more than one physician, each physician receives an individual provider number.

The EDS Provider Enrollment Department is responsible for supplying the application. To receive an application, providers may telephone, e-mail, or mail an application request to the address and phone number below:

EDS Provider Enrollment
P.O. Box 241685
Montgomery, AL 36124-1685
1 (888) 223-3630
e-mail: enrollment@alxix.slg.eds.com

EDS will send an application within two business days of receipt of the request.

NOTE:

You can download an application from the Alabama Medicaid Web site at <http://www.medicaid.state.al.us>. Follow the instructions provided in Section 1.2.1, Downloading the Online Manual. Both the online manual and the application are provided in Adobe® Acrobat™.

Effective October 1, 1999, Medicaid began using a new form for provider enrollment. It is important to file applications as soon as possible for new enrollments and changes in enrollment status. Physicians and other individual practitioners should no longer wait until they have obtained Medicare approval to file a Medicaid application. A Medicaid number will be assigned for use until the Medicare number is assigned.

2.2 Completing and Submitting the Application

➤ To learn about enrollment requirements specific to your provider type, please refer to the appropriate chapter in Part II of this manual.

Providers must complete the provider application and include any required attachments as directed in the accompanying instructions. Once the application is complete, providers should mail the application to EDS Provider Enrollment, at the address listed in Section 2.1, Requesting and Receiving an Application.

EDS reviews the application and approves, denies, or returns the application based on criteria set by Medicaid. Providers must correct and resubmit returned applications for approval prior to enrollment in the Alabama Medicaid Program.

A Medicaid provider number is issued when EDS, based upon the qualifications set forth by Medicaid, determines that a provider qualifies for participation.

Providers will not be reimbursed for claims submitted without a valid provider number.

NOTE:

A provider who does not submit claims within a consecutive 24-month period will be disenrolled from the Medicaid program. To return to an active status, the provider must re-enroll.

2.3 Tracking the Application

EDS tracks the status of each application as it moves from initial review to approval or denial. Upon receipt of the application, EDS date stamps the application and enters the provider name, contact name, contact phone number, and date received into a tracking system. A member of the EDS enrollment team reviews the application based on state-defined criteria and makes a determination within five business days.

- If the application is approved, EDS generates a letter with the new provider number, then mails the letter and a provider manual to the provider within two business days of approval.
- If the application is denied, EDS sends a letter to the provider listing the denial reason and providing a contact at Medicaid through which the provider may appeal the decision.
- If the application is incomplete, EDS returns it accompanied by a letter listing the necessary information EDS requires to complete the enrollment process.

When EDS returns an application to the provider, an enrollment representative logs the return date in the tracking system. When the provider corrects and returns the application, EDS logs the date returned.

Providers may determine the status of their applications by contacting EDS Provider Enrollment at 1 (888) 223-3630.

To check on the status of the application, the enrollment representative will ask for the provider's name, telephone number, and Social Security Number (SSN) or Federal Identification Number (FEIN).

EDS maintains applications and includes additional correspondence received from providers on file.

This page is intentionally left blank.